## L1600056142

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

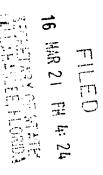
Office Use Only

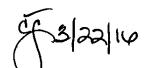
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## COVER LETTER

	Registration Section		**	
	Division of Corporations			
SUBJEC	TJAM GROUP LLC  T:			
	Nan	ne of Limited Liab	ility Company	
The enclo	sed Articles of Organization and	fee(s) are submitte	d for filing.	
Please ret	urn all correspondence concernin	g this matter to the	following:	
	Mathew Tragash			
		Name o	of Person	
		Firm/C	ompany	
	1100 NW 98th Ave			
		Ado	dress	
	Plantation/FL 33322			
	matt.tragash@gmail.com	City/State a	nd Zip Code	
		be used for future	annual report notification)	
For further	information concerning this matter		annua repert nermeation,	
	Mathew L Tragash	954	993-4295	
	Name of Person	at ( Area Code	Daytime Telephone Number	-g-ago-agua-
Enclosed	is a check for the following amou	ınt.		
	Filing Fee \$130.00 Filing I Certificate of S	Fee & \$155 tatus Certi	fied Copy Certification Copy is enclosed) Certification	0 Filing Fee, cate of Status & ed Copy al copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	:	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	16 MR 2



## FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

16 MAR 21 PH 4-24

SECRETARY OF STATE
TALLABASSES, FLORIDA

March 7, 2016

MATHEW TRAGASH 1100 NW 98TH AVENUE PLANTATION, FL 33322

SUBJECT: TJAM GROUP LLC Ref. Number: W16000016876

We have received your document for TJAM GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 116A00004661

16 MAR 21 PH 2: 4: SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•			٠.			
ARTICLE I - Name:	•					
The name of the Limited Liability Company is:			F	ILE	ΞD	
			10	Han	٠.	<b>6</b>
TIAM GROUP LLC			10	HAR	21	Pii
(Must end	with the words "Limited Liab	bility Company, "L.L.C" or "LLC.")	340		ay Sin	
ARTICLE II - Address:					*****	• • :
The mailing address and street a	ddress of the principal office	of the Limited Liability Company is:		•		
<u>Princip</u>	al Office Address:	Mailing Add	ress:			
1100 NW 98th Ave		1100 NW 98th Ave				
Plantation,FL 33322		Plantation,FL 33322				
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own Reg	egistered Agent's Signature: istered Agent. You must designate an in	dividual	or	-	
The name and the Florida street	address of the registered age	nt are:				
	Harold (Hank) C Tragash					
	Na	me				
	1100 NW 98th Ave					
	Florida street address (P.	O. Box NOT acceptable)				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

Plantation

City

Registered Agent Signature (REQUIRED

Zip

(CONTINUED)

Page 1 of 2

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>		Name and Address:	
	uthorized Member		
"MGR" = Mai			
AMBR		Mathew L Tragash	Ne'42
		1100 NW 98th Ave	<del></del>
		Plantation,FL 33322	
AMBR		Jonathan D Tragash	
AWDR		1100 NW 98th Ave	<del></del>
		Plantation,FL 33322	
			<del></del>
	<del></del>		<del></del>
			<del></del>
		the second secon	
(Hise attachme	ent if necessary)		
•	,		
e document's effective	e date on the Department of St	the applicable statutory filing requirements, this date's records.	ate will not be listed as
RTICLE VI: Other pr	ovisions, ir any.		
REOUIRED :	SIGNATURE:	TOTagal	
	Signature of a member	r or an authorized representative of a member.	·
	This document is executed in	accordance with section 605.0203 (1) (b). Florid	a Statutes.
	I am aware that any false info	ormation submitted in a document to the Departme only as provided for in s.817.155, F.S.	
	Harole	t C Tragash	
		ped or printed name of signee	
		Filing Fees:	
\$125.00 Fili	ng Fee for Articles of Organiz	zation and Designation of Registered Agent	
	tified Conv (Ontional)	ଳ କ ହି <sup>ଲ</sup> ି ଅ	<u> </u>

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

TILED